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FACSIMILE TRANSMISSION COVER SHEET**PLEASE DELIVER TO:**

NAME: Examiner Steven M. Marsh/Art Unit 3632

FAX TELEPHONE NO. 571.273.8300

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MESSAGE SENT BY: Daniel C. Crilly, Esq.

AUG 24 2005

DATE: August 23, 2005

PAGES: (including cover)....23

MESSAGE: Please see attached Transmittal Form (1 page), Fee Transmittal (1 page), Petition for Two Month Extension of Time (1 page) and Amendment under 37 C.F.R. § 1.116 (19 pages) in connection with U.S. Appl. Serial No. 10/644,280. Thank you.

CERTIFICATE OF FAX TRANSMITTAL	
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Date:	August 23, 2005
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Typed or Printed Name:	Chriselide Mendez

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TRANSMITTAL
FORM

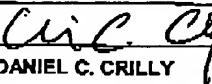
(to be used for all correspondence after initial filing)

		Application Number	10/644,280
		Filing Date	August 20, 2003
		First Named Inventor	Howard Sinkoff
		Art Unit	3632
		Examiner Name	Steven M. Marsh
Total Number of Pages in This Submission	23	Attorney Docket Number	7647-03468

ENCLOSURES (check all that apply)

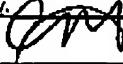
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM, LLP		
Signature			
Printed Name	DANIEL C. CRILLY		
Date	August 23, 2005	Reg. No.	38,417

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Chriselide Mendez
Date	August 23, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AUG 23 2005

PTO/SB/17 (12-04)

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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete If Known		
FEES TRANSMITTAL For FY 2005		Application Number	10/644,280	
		Filing Date	August 20, 2003	
		First Named Inventor	Howard Sinkoff	
		Examiner Name	Steven M. Marsh	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3632	
TOTAL AMOUNT OF PAYMENT	(\$)	165.00	Attorney Docket No.	7647-03468

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: **50-1111** Deposit Account Name: **Brinkley, McNERNEY et al.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	<input type="checkbox"/> Credit any overpayments
under 37 CFR 1.16 and 1.17	

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	Fee (\$)	Fee (\$)
	50	25
	200	100
	360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=			
HP = highest number of total claims paid for, if greater than 20					

Indep. Claims

Extra Claims **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 2 month Extension of Time fee165.00

SUBMITTED BY			
Signature	<i>Daniel C. Crilly</i>	Registration No. 38,417 (Attorney/Agent)	Telephone (954) 522-2200
Name (Print/Type)	Daniel C. Crilly	Date 08/23/2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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